S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Dr. Walther

42429

State File No.

FILED JAN 7 5 1946

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 2986

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Overland
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3450-Westridge Lane
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 2-Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Overland
(If outside city or town limits, write "RURAL")

(d) Street No. 3450-Westridge Lane
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME William T. Huddle Sr.

3. (b) If veteran, name war None

3. (c) Social Security No. 702-14-0619

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Pearl

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased Jan (Month) 1 (Day) 1899 (Year)

8. AGE: Years 46 Months 11 Days 30 If less than one day hr. min.

9. Birthplace Caseyville (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Foreman

11. Industry or business White-Rogers Elec. Co.

FATHER
12. Name John B. Huddle
13. Birthplace Iuka (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Annie M. Schmidt
15. Birthplace Caseyville (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Pearl Huddle
(b) Address 3450-Westridge Lane-Overland

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-3-46 (Month) (Day) (Year)
(c) Place: burial or cremation Mount Lebanon Cemetery

18. (a) Signature of funeral director [illegible]
(b) Address 2504-Woodson Rd-Overland, Mo.

19. (a) 1-3-46 (Date received local registrar) (b) E G McGarrow M D (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 31
year 1945 hour 4 minute 15 P M.

21. I hereby certify that I attended the deceased from Dec. 1, 1945, to Dec. 31, 1945; that I last saw him alive on Dec. 31-45, 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	1 day
Due to Hypertension	
Due to	
Other conditions — (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy None	

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) No

(b) Date of occurrence —

(c) Where did injury occur? — (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? — (Specify type of place)

While at work? — (e) Means of injury —

23. Signature Roy A. Walther (M. D. or other) M. D.

Address 2438 Woodson Rd. Date signed 12/31/45

(Licensed Embalmer's Statement on Reverse Side)

JAN 14 1946

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.